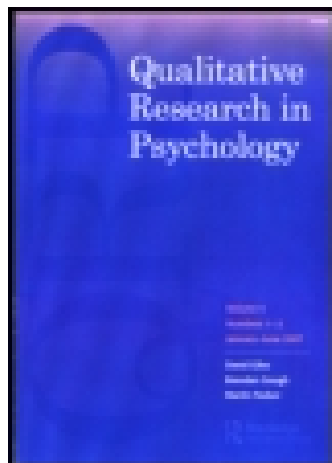


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Publisher: Routledge

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Qualitative Research in Psychology

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/uqrp20>

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Published online: 06 Nov 2007.

To cite this article: Bojan Bilić & Eugenie Georgaca (2007) Representations of “Mental Illness” in Serbian Newspapers: A Critical Discourse Analysis, *Qualitative Research in Psychology*, 4:1-2, 167-186, DOI: [10.1080/14780880701473573](https://doi.org/10.1080/14780880701473573)

To link to this article: <http://dx.doi.org/10.1080/14780880701473573>

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Representations of “Mental Illness” in Serbian Newspapers: A Critical Discourse Analysis

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The media are among the primary sources of information on “mental illness” for the general public. This article presents an overview of the representations of “mental illness” in Serbian daily newspapers covering a two-year period, 2003 and 2004. A critical discourse analytic approach was employed to identify the discourses drawn upon to construct versions of “mental illness,” the textual strategies through which these versions are constructed, as well as the functions of these specific depictions of “mental illness.” Three broad discourses were identified. The discourse of dangerousness depicts people with “mental illness” as dangerous either by portraying them as committing violent crimes or by conflating them with other stigmatized groups. The discourse of bio-medicalization constructs “mental illness” as a medical disorder, psychiatrists as responsible for its management, and people with mental health problems as passive sufferers of their condition. The discourse of socio-political transition accounts for the recent increased incidence of mental disorders in Serbia by constructing versions of a mentally healthy or mentally disordered Serbian nation. The former two discourses are commonly highlighted in the international literature on media depictions of “mental illness.” The discourse of socio-political transition seems to be specific to our corpus and closely related to the current Serbian context, in relation to which it is discussed.

Keywords: discourse analysis; “mental illness”; newspapers; Serbia; socio-political transition

In the spring of 1999, when it became obvious that NATO aircrafts would attack targets throughout Serbia, graffiti appeared in Belgrade that read: Mad is the one who remained normal. This graffiti summarized a whole decade of social uncertainty, as a result of which the already vague categories of normality and abnormality became almost completely interchangeable. This article uses a critical discourse analytic approach to explore how the reversal of these concepts is effected, in the broader context of investigating the versions of “mental illness” constructed in contemporary Serbian daily newspapers. Before presenting and discussing the results of our study, we introduce the literature on representations of “mental illness” in the media and the discourse analytic approach. We also briefly outline the current socio-political situation in Serbia.

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Media depictions of “mental illness”

The media are the primary source of information on mental health issues for the general public (Anderson, 2003; Hannigan, 1999). There are not, however, many empirical studies in which representations of “mental illness” in the media are systematically explored. Research is mostly theoretical and interested in the impact of negative depictions rather than in how these depictions are textually constituted (Hallam, 2002; Thornton and Wahl, 1996).

It has been argued that the media generally portray “mental illness” in negative terms by conflating it with criminality, violence, and dangerous situations (Sieff, 2003), a tendency that persists despite the fact that only a small percentage of people with mental health problems engage in deviant practices (Pilgrim and Rogers, 2003; Taylor, 1997). Moreover, people with mental health problems are usually depicted as overwhelmed by their disorder and as incapable of independence, a depiction which perpetuates prejudice towards them (Sieff, 2003).

Much research is concerned with the extent to which the media contribute to the formation of discriminatory opinions about people with mental health problems (Hannigan, 1999; Thornton and Wahl, 1996). It has been argued that negative media depictions may encourage intolerance and restrictive public policy on mental health issues (Hallam, 2002), with the effect of decreasing the quality of life of people with mental health problems (Byrne, 1997, 1999; Crisp *et al.*, 2000; MIND, 2005) and discouraging them from seeking help due to fear of being labeled (Corrigan, 2004; Haghighat, 2001). People with psychiatric diagnoses may internalize the stigma of dangerousness because of the widespread prejudiced media depictions (Pilgrim and Rogers, 1999), which leads to isolation and has a negative impact on their self-image (Hocking, 2003).

The acknowledgement of the adverse effects of negative media portrayal for people with mental health problems has led to arguments for and the implementation of anti-stigma campaigns, designed to improve newspaper portrayal of “mental illness” in different countries (Stuart, 2003; Vaughan and Hansen, 2004). Apart from portraying a negative image of “mental illness,” the print media also tend to overly rely on psychiatrists, who usually subscribe to the medical model. This, it has been argued, prevents the voice of people with mental health problems from being publicly heard and contributes to their distress. Therefore, participation of people with mental health problems in the media is considered to be of critical importance for successful anti-stigma campaigns (Hare-Mustin and Marecek, 1997; MIND, 2005).

The few instances of positive media depictions of “mental illness” tend to appear only when human rights and effectiveness of various psychotherapeutic treatments are discussed (Anderson, 2003), and even then people with mental health problems are portrayed as different and incapable of independence (Sieff, 2003).

The principles of media production should be taken into account when analyzing media material (Nairn, Coverdale and Claasen, 2001) in order to understand the strategies through which an event is modified to become a newsworthy story (Braham, 1982; Nairn *et al.*, 2001). A well-known technique, especially relevant to the depiction of “mental illness,” is that of framing. Framing refers to the process of repetitively organizing, presenting, and interpreting information according to socially recognizable schemes. Framing economizes information processing (Sieff, 2003) and reassures the reader who might lack direct experience of “mental illness” and expect a readily comprehensible account (Braham, 1982).

The majority of the studies of the depiction of “mental illness” in the media simply describe the different images portrayed in a decontextualized and supposedly objective

manner, paying little attention to the textual strategies through which power, knowledge, and ideology shape media reports (Thornton and Wahl, 1996). We consider this a shortcoming, which we have tried to address through the use of a critical discourse analytic approach.

Social constructionism and discourse analysis

Discourse analysis grew out of a dissatisfaction of many social scientists with the use of the positivist paradigm and quantitative methodology for exploring social reality (Gergen, 1985; Potter and Wetherell, 1987). Discourse analysis derives from a social constructionist paradigm, which posits that all aspects of human social functioning are produced and reproduced through social interactions in specific cultural and historical contexts (Burr, 1995). Social constructionism holds an anti-essentialist view of subjectivity, regarding it not as something pre-existent within individuals but as something constructed and negotiated throughout a person's biographical history. It also holds a relativist position with regard to truth, regarding the definition of what is true and real as always located within and constrained by specific historical and sociocultural contexts. Correspondingly, scientific inquiry is considered to be not an objective pursuit of truth but rather a social institution, which actively and systematically produces specific versions of reality and truth (Burr, 1995; Nightingale and Cromby, 1999).

Consequently, social constructionist inquiries focus on the processes through which aspects of social reality are constructed, negotiated, and perpetuated both in everyday interactions and through institutional and scientific practices. In the field of psychology, the contribution of social constructionism has been to shift the view of psychological phenomena from intrapersonal processes residing in individual minds to interpersonal and social categories that people bring into existence when talking about their minds to others (Edwards and Potter, 1992). Social constructionist psychology, therefore, investigates the processes through which notions of psychological processes are socially constructed and the implications these constructions have for personal experience. This is especially pertinent to the issue of identity, which is theorized not as a stable internal phenomenon, but as something continuously formed and re-formed through processes taking place in the interpersonal domain of the person's history. Social constructionist inquiry has focused both on the processes of the formation and negotiation of individual identity (see Burr, 1995) and on the practices through which national identity is rehearsed and perpetuated (Billig, 1995).

Social constructionism has had enormous implications for the understanding of "mental illness," the topic of this paper. "Mental illness" is viewed not as an entity that inflicts individuals and characterizes the individual mind or body but rather as sets of concepts and practices that are constructed and maintained by the scientific disciplines that deal with human distress. Consequently, these sets of concepts and practices permeate the sphere of lay knowledge and the way individuals perceive their own distress and the distress of others (Parker *et al.*, 1995). Consequently, social constructionist inquiries of "mental illness" focus on the practices through which the mental health disciplines construct and perpetuate notions of mental health and illness, on the way these notions permeate the individual sufferers' understanding and dealing with their distress, and the counter-discourses that sufferers themselves have devised to resist these dominant discourses (Georgaca, 2000, 2004; Harper, 1995, 2004). Consistent with this viewpoint, we have placed the term "mental illness" in quotation marks throughout the text.

Discourse analysis, as it has developed in psychology, is a methodological approach for the social constructionist investigation of psychological and social phenomena.

Discourses are defined as systems of meanings and practices, which structure thinking and action and upon which individuals draw in order to understand their world (Parker, 1992). Discourse analysts systematically read the social world as a text in order to understand the ways in which discourses are drawn upon by individual speakers to construct, defend, and negotiate versions of the world (Billig, 1997). Discourse analysis in psychology is typically seen to comprise two separate but partially overlapping strands (Widdicombe and Wooffitt, 1995; Willig, 2004). On the one hand, discursive psychology (Billig, 1997; Edwards and Potter, 1992) draws from ethnomethodology and conversation analysis and produces fine-grained analysis of the function of talk in negotiating reality, agency, and accountability. On the other hand, post-structuralist discourse analysis (Burman and Parker, 1993; Parker and the Bolton Discourse Network, 1999) investigates the ways in which broader culturally available systems of meaning are drawn upon in the construction and negotiation of accounts and is concerned with the role of power, culture, and institutions in shaping talk. This more critical discourse analytic approach draws heavily upon the work of Foucault (1980) and is particularly concerned with power and ideology, both of which are conceived as effects of certain discourses becoming dominant and acquiring the status of truth. Discourse analysis, then, attempts to decipher the operations of power and ideology by showing how certain understandings of social and psychological phenomena have become true as well as the effects that these understandings, and the practices they justify, have on the groups of people who are on the receiving end of scientific and professional disciplines.

In the field of “mental illness,” this approach has taken the form of a “practical deconstruction” (Parker *et al.*, 1995), which aims to investigate the processes through which the medical model of “mental illness,” as the dominant discourse on human distress, has been historically formed and is currently conceived and practiced, as well as the effects of this discourse on the lives of mental health service users. Highlighting the socially constructed character of the currently dominant discourse on “mental illness” can deconstruct its taken-for-granted status and enable the articulation of alternative discourses on human distress, which can be more empowering for mental health services users.

Discourse analytic studies of depictions of “mental illness” in the media

There are only a few discourse analytic studies of depictions of “mental illness” in print media. The majority of the studies conclude, in agreement with the non-discourse analytic studies reviewed earlier, that the portrayals of “mental illness” are outstandingly negative (Coverdale, Nairn and Claasen, 2002; Nairn, 1999; Nairn *et al.*, 2001), that people with mental health problems are presented as a unitary group sharing the same characteristics (Coverdale *et al.*, 2002), and that common sense notions around “mental illness” are perpetuated. The two most commonly identified discourses are those of dangerousness and bio-medicalization.

The portrayal of people with mental health problems as dangerous is achieved through associating “mental illness” with criminality, violence, and unpredictability as well as through the repeated reproduction of the ideological opposition between us-normal and them-abnormal (Olstead, 2002). While “mental illness” is usually equated to irrationality, people with mental health problems tend to be portrayed as rational when their engagement in criminal behavior is reported (Olstead, 2002). In this way their actions are presented as purposeful, and they are constructed as malicious and evil (Hannigan, 1999).

The biomedical discourse is invariably encountered in newspaper articles on “mental illness,” largely due to journalists’ tendency to use “expert knowledge” to substantiate

their arguments (Rowe, Tilbury, Rapley and O'Ferrall, 2003). Psychiatrists' positions are distinguished from lay accounts that are either invisible or employed to confirm psychiatrists' statements (Nairn, 1999). The status of knowledge possessors justifies psychiatrists' use of scientific jargon and disease-related terminology, resulting in the reification of "mental illness" as an objective medical phenomenon that has to be treated and managed (Pilgrim and Rogers, 1999). Rowe *et al.* (2003) argue that psychiatrists' talk usually lacks precision and works more towards fortifying their social position than explaining "mental illness."

Nairn and Coverdale (2005) discourse analyzed a small sample of newspaper articles in which people with mental health problems were directly reported. It was found that media producers treated people with mental health problems as credible sources of information on "mental illness." Moreover, the people with mental health problems quoted constructed human self-portrayals of "mental illness," presented a more positive depiction of it and emphasized their capacity to overcome the effects of stigmatization.

These studies have been carried out in an Anglo-Saxon context and inevitably reflect the specificities of that context. We will use the reviewed studies as a general framework for our research, while being attentive to the ways that differences between the Anglo-Saxon and Serbian contexts might be reflected in the depictions of "mental illness" in the respective media. In this sense, we have analyzed the material of our study with no prior preconceptions regarding the discourses we were going to come across, we identified the relevant discourses and subsequently attempted to explain their occurrence on the basis of similarities and differences between the Serbian sociopolitical context and the sociopolitical context of other countries in which similar research has been conducted. In the next section of the paper we present the socio-political context of contemporary Serbia, and in the conclusions section we discuss how our findings might be explained in relation to these similarities and differences.

The choice of Serbia as the context of this study was dictated by two overlapping interests. On the one hand, we had an interest in the topic of how "mental illness" is represented in the Serbian media per se, the potential implications of this for how "mental illness" is understood in Serbia, and the effect this has on people with mental health problems. On the other hand, given that Serbia has recently come out of a war and is in a process of socio-political transition, the study could provide a showcase for the ways conceptions of "mental illness," which usually in Western countries appear as individual, ahistorical, and apolitical, could possibly take other forms, which are more explicitly linked to the wider social and political climate. Indeed, the vast majority of references to "mental illness" in our corpus discussed the topic in relation to the recent war or the current socio-political situation. Moreover, we wanted to start thinking through what function and role, if any, notions of mental health and illness could play in wider political debates.

The concerns that led to the specific choice of topic were shaped by the position and interests of the two authors. The first author is a Serbian citizen who is strongly critical of Serbia's recent "socialist" past and its effects on Serbia's present sociopolitical situation. His main concern is to trace the current tensions and debates in the socio-political sphere, using "mental illness" as a case example. The second author has a long-standing interest in exploring critical perspectives on "mental illness" with an aim to deconstruct its taken-for-granted status and to facilitate the development of alternative and more empowering discourses on human distress. Studying the discourses on "mental illness" in a country with specific sociocultural characteristics, such as contemporary Serbia, could then potentially highlight the culturally specific deployment of notions of "mental illness" as well as the ways in which "mental illness" can be employed in ideological debates.

Socio-political situation in post-socialist Serbia

The socio-political development in Serbia in the past couple of decades has been controversial and it is therefore hardly amenable to being summarized. Serbia is currently passing through a transitional period characterized by political and social instability. In what follows, we will briefly present the elements of the socio-political context in Serbia, which pertain to our analysis, mainly drawing upon Serbian intellectuals and social scientists, whose voices have been kept in the margins for the last few decades.

As a general backdrop, it is worth pointing to the argument from a number of writers that the broader social framework, which in most societies remains relatively stable, has undergone major changes in Serbia's recent past (Golubović, Spasić, and Pavićević, 2003). The apparently radical rearrangement of power, in which communism was substituted by Slobodan Milošević's "socialist" program, left the already impoverished and economically exhausted Serbia in a state of anomie (Milić, 2000; Schöpflin, 1993). This was consequently made worse by the recent wars in which Serbia was involved.

It has been argued that these historical circumstances in Serbia have been consistently obstructing the formation of civil society (Iveković, 2000). Golubović (2000) argued that the Yugoslav communist regime, hidden behind the façade of "self-management" and its seemingly liberal and reformative policies, actually prevented the formation of alternative political movements, like those that assured a peaceful political transformation in other Central and East European countries. The communist "modernization" failed to transform Serbia from an essentially agrarian into an industrial society (Iveković, 2000; Pušić, 2000). An effect of this was the antagonism between the rural (traditional) and the urban (modern) elements in Serbian society (Pušić, 2000). Additionally, Iveković (2000) claimed that the communist regime, while officially propagating internationalism and emancipation, was latently reinforcing patriarchal mentality and its values (c.f., Salecl, 1994). These patriarchal values prepared the ground for the flourishing of ethnonationalist ideology after the fall of communism.

By glorifying "the nation" and foregrounding the importance of national identity, the new socialist regime offered a neo-patriarchal and populist, and therefore anti-urban and anti-intellectual, ideological discourse (Iveković, 2000), which legitimized militarism and reinforced traditional images of masculinity (Pušić, 2000; Salecl, 1994), a discourse which soon became popular with large parts of the Serbian population. This was very often propounded as a "return to morality," exemplified through the orthodox Christian values (Salecl, 1994). In this context, religion assumed a prominent role in Serbian society and became a political tool assuring national cohesion (Dimitrijević, 2000). This was complemented by stereotypical representations of the West (Schöpflin, 1993), which was perceived as overly liberal, even pervert, and as responsible for the nation's problems.

This trend culminated during the Serb-Albanian conflict in the province of Kosovo and the NATO bombing of Serbia in spring 1999. When Milošević was finally overthrown in 2000, Serbia entered a period of enthusiastic political and economic reconstruction under the Prime Minister Zoran Đinđić. However, after his assassination in 2003, the neo-patriarchal anti-West value system assumed its former position and suppressed the nascent reformatory tendencies, thus proving its surprising endurance. This neo-traditionalism is characteristic not only of Serbia, but of the broader East European context (Iveković, 2000; Staniszkis, 1991).

Furthermore, to assure its own internal stability, Milošević's regime monopolized the media and struggled to prevent any alternative voices from becoming publicly heard (Splichal, 1994). This oppressive practice encouraged sensationalist reporting and distanced print

media producers from a critical political analysis, as they were expected to entertain rather than inform. Popadić (2000) forcibly argued that this resulted in a rapid deterioration of the general cultural and intellectual level from which the Serbian press has not still recovered.

Methodology

The analysis was carried out on 165 articles retrieved through a keyword search from an electronic database (EBART), accessible at the Serbian National Library in Belgrade. The database contains full articles from the 10 national Serbian daily newspapers and 5 magazines with the widest circulation, comprising all political orientations. At the time of the keyword search, the database covered a two-year period (January 2003–December 2004). We focused exclusively on daily newspapers, as statistical data show that they represent the most widely read print media (Ranković, 2004) and the third most popular media in Serbia, after television and radio (Begović, 2002). All the newspapers in the database were included in the search, and all parts of the newspapers were searched, including news, interviews, columns, and editorials.

The keyword search included all major terms related to "mental illness," which the authors expected would be the subject of media attention; the terms were drawn from an abnormal psychology textbook. The keywords consist of both general terms and terms relating to specific disorders. Only formal terms relating to "mental illness" were included, as we thought that, when colloquial terms would be included in the newspapers, they would tend to be used in a metaphorical rather than a literal way. Each search was carried out to all newspapers, as the database electronic search facility does not allow the search of individual newspapers. A complete list of the newspapers searched and the keyword search terms, as well as information regarding the newspapers themselves, can be found in the appendix.

All articles which contained instances of the keywords terms were collected and read. Those articles where the terms relating to "mental illness" were used in a metaphorical way were removed from the corpus. Subsequently, the articles were clustered in groups, on the basis of the topics discussed. A list of topics and their frequency can be found in the appendix.

Following the guidelines of conducting discourse analytic research (Wetherell *et al.*, 2001; Willig, 2003, 2004), the analysis consisted of an iterative process, whereby all collected articles were read a number of times while exploring the following:

- Constructions of "mental illness," i.e., different systematic ways in which "mental illness" was talked about
- Textual strategies utilized, including various linguistic features through which stories were constructed as factual and cohesive as well as strategies through which speakers attributed authority to their position
- Discourses drawn upon to produce the specific constructions of "mental illness," i.e., wider systems of meaning and practices, within which these constructions make sense and which these constructions contribute to perpetuate
- Positioning, i.e., both the positions that speakers construct for themselves and others in the text and the subject positions made available for different groups of people by the discourses drawn upon. Particular emphasis was placed on the differential entitlements to speak that different positions entail
- Types of relations between different discourses of "mental illness" as well as between these and other discourses

- Functions and effects of different discourses of “mental illness” for people with mental health problems

The analysis consisted of a continuous movement between, on the one hand, a close reading of the corpus to identify constructions, textual strategies, and positions, and, on the other hand, stepping back from the corpus, synthesizing the material and linking it with both the literature and wider sociocultural processes through the identification of discourses, the relations between discourses, as well as the functions and effects of these discourses for people in distress. The first stages of analysis were conducted on the original corpus in Serbian by the first author, in consultation with the second author. Extracts were translated into English after the first phase of the analysis was conducted and the main discourses were identified. We attempted to match the translation as closely as possible to the original Serbian text. The extracts were subsequently analyzed and organized by the two authors, as the final phase of the analysis was taking place.

Three discourses were identified in the analysis, those of dangerousness, biomedicalization, and socio-political transition. In what follows, we present each discourse in turn, and demonstrate it with a few representative extracts.

Analysis

Dangerousness

Dangerousness appears to be the most common discourse in media reports on “mental illness” (Nairn *et al.*, 2001; Olstead, 2002). This trend has been confirmed in the current study, since dangerousness appears as the central topic in more than one-third of the articles retrieved. In the first two extracts, we discuss representative textual strategies through which this discourse is deployed. The following extract is the introduction to an extensive article written in the aftermath of an incident in which a former soldier killed four of his colleagues.

Extract 1

The virus of Vietnam or, more precisely, Balkan syndrome, known in modern science as “posttraumatic stress disorder,” is spreading across Serbia, regardless of whether that might appear as an exaggerated hypothesis or as ruining the myth of the Serbian soldier. Bloodstained Serbian streets, personal and family tragedies with a “signature” of quiet and modest people, who are subsequently revealed to have fought in the war in former Yugoslavia, point to the fact that posttraumatic stress disorder has for long proved to be the nation’s health problem. —(Kovačević, N. 2003, June 10: *Nights are most difficult*. Danas, 12).

“Mental illness” is represented in this extract as a virus that spreads across Serbia. This sensationalist representation works to portray those with posttraumatic stress disorder as dangerous and alarms the reader about the syndrome that spreads quickly and can reach epidemic proportions. The syndrome is explicitly treated as a longstanding issue of national importance. The image of “mental illness” as contagion works as a canonic theme (Foster, 2001); through “anchoring,” framing posttraumatic stress disorder with the much more familiar notion of viruses, it works to render “mental illness” familiar and comprehensible.

This representation of "mental illness" as a contagious disease is defended against possible accusations of exaggeration (an exaggerated hypothesis) and against popular representations ('the myth of the Serbian soldier') through references to 'modern science' and the use of scientific terminology ('virus,' 'syndrome,' 'posttraumatic stress disorder'). It is worth noting that this recourse to scientific discourse does not add anything to the understanding of the condition talked about, but merely serves to legitimize the reality, truthfulness, and seriousness of the condition described.

The portrayal of "mental illness" as a spreading virus carries implications of dangerousness. People with posttraumatic stress disorder are also explicitly constructed as dangerous through the phrases 'bloodstained streets,' which conjures images of extreme violence, and 'personal and family tragedies,' which presents the problem as affecting not just the person but also the wider family network. Moreover, the notion of perpetrators leaving a 'signature' on their crimes stresses, on the one hand, their intentionality and agency and, on the other hand, the distinctiveness of the crimes referred to. The representation of the perpetrators as 'quiet and modest people,' whose real nature is revealed after the violent event, strengthens the claim to their dangerousness; if they can pass as normal people and leave their illness undetected, their violence is all the more unpredictable and difficult to protect oneself against.

The first extract depicts "mental illness" as a contagious physical condition requiring detection, containment, and management. People with "mental illness" are depicted as committing unpredictable, inexplicable and violent crimes. A more implicit textual strategy for linking "mental illness" to dangerousness will be presented in the following extract.

Extract 2

Mostly patients with psychoses stay in this ward. There are some with acute psychoses, but chronic psychoses are the most frequent. The employees say that cure is impossible. Alcoholics and drug addicts are rare, but there are a few of them as well. Those who work with these people say that the most difficult are patients-killers who sometimes stay here until their verdict. "There is often no selection of the patients who come to us. It happens that we treat patients-killers who should be sent to the Central Prison Hospital. A few HIV positive patients were also here," says one of the employees to Glas. —(*Tadić, G. 2004, Decem-ber 30: No cure for either doctors or the mentally ill. Glas Javnosti, 4*).

People with mental health problems are here represented as a unified category, as anonymous 'patients,' devoid of individual and social characteristics. Portrayals of people with mental health problems as lacking social identity work to form an image of a less human group (Day & Page, 1986) and can have more stigmatizing implications than depictions of them as violent or deviant. The categorical statement that 'cure is impossible' seems at first to refer to the group of 'patients with psychosis,' but its location between the references to 'people with psychosis' and to 'alcoholics and drug addicts' gives it a more general flavor, as if being applicable to all people with "mental illness." Such a general statement neglects different ways of treating mental disorders and is a good example of the 'unification of "mental illness"' (Foster, 2001). Unification ignores the differentiation among "mental illnesses" and consists of an ideological operation through which the difference between normality and abnormality is consolidated.

The dangerousness of people with "mental illness" is mainly constructed here through their alignment with other stigmatized groups, such as alcoholics, drug addicts,

and people who are HIV positive. As part of their expressed commitment to highlighting public problems in the service of the community (Jacobs, 1996), the media often offer dramatically exaggerated portrayals of deviant groups, which form a modern demonology, with the effect of reinforcing social order (Bennett, 1982). Here, simply by the successive listing of 'patients with psychosis, alcoholics, drug addicts, and HIV positive patients,' all groups that are typically associated with some form of dangerousness to themselves and others, the dangerousness of these groups is consolidated and their distance from "normal people" intensified. This is further encouraged by terms, such as 'patients' and 'these people,' which appear to apply to all and which construct these groups as a unified category.

In summary, throughout the analyzed corpus, the discourse of dangerousness is linked to "mental illness" either explicitly, through the depiction of people with "mental illness" as committing unpredictable violent crimes, or implicitly, through their conflation with other stigmatized groups. The employment of the discourse of dangerousness contributes to the stigmatization of "mental illness" and highlights the societal need to control and isolate people who suffer from it. We turn next to the use and function of the discourse of bio-medicalization.

Bio-medicalization

Bio-medicalization is another commonly employed discourse in newspaper reports on "mental illness" (Nairn, 1999; Rowe *et al.*, 2003). "Mental illness" has been historically positioned in the realm of psychiatry and psychiatrists traditionally possess the right to diagnose disorders, prescribe medication, and determine what is to be considered abnormal (Parker *et al.*, 1995). In our corpus, psychiatrists, either directly quoted or indirectly referred to, are presented as the most reliable sources of information on "mental illness." Psychiatrists, who invariably provide explanations and evaluations, are always named and their professional titles and institutional positions are clearly acknowledged. The accounts of service users, whose identity and profession are less precisely reported, are usually presented only to support professional opinion.

Psychiatrists predominantly attribute "mental illness" to biological causes and acquire authority through the use of scientific terminology. The following extract illustrates this.

Extract 3

Dr. Mirjana Jovanović, a neuropsychiatrist at the Institute for Mental Health in Belgrade, explains for Blic that climate changes cause air ionization. "These ions impact on neurotransmitters — the carriers of information among the cells. Depending on external conditions, these cells are biological markers of emotional and physical states, thinking, feeling, sensitivity, activity". [...] She points out that a certain amount of risk of suicide exists even in the best treated patients. "All of a sudden something cracks, even if there has been an improvement," says Dr. Jovanović. —(*Janković, N. 2003, December 5: Suicides due to climate and lack of money. Blic, 10*).

The first part of the above extract represents a highly technical "expert" account of what causes depression and leads to suicide. The psychiatrist's name and position are immediately stated, and she is referred to as a person who 'explains' to the reader the

process through which depression comes about. The psychiatrist is assigned a superior status of expertise, a common strategy employed by media producers in order to achieve a "credible" and "objective" report (Nairn, 1999).

Nonetheless, the psychiatrist's account of the mechanism through which 'ions' impacting on 'neurotransmitters' end up causing depression is less than clear. A rhetorical device, characterized by the application of technical language supposedly to explain a complex biochemical process is known as the "studied use of vagueness" (Edwards and Potter, 1992). Moreover, the reduction of the entirety of complex human phenomena ('emotional and physical states, thinking, feeling, sensitivity, activity') to 'cells' which are dependent on unspecified 'external conditions' has the effect of reducing the self to a biological phenomenon. This kind of demonstration of scientific knowledge functions to solidify the expert's position and deepens the difference between the authority and the reader who might not be able to understand the medical discourse. The textual strategies of biologization, vagueness and the excessive use of scientific terminology function to obscure "mental illness" and stabilize the medical model (Rowe *et al.*, 2003).

In the second part of the extract, the psychiatrist attempts to explain the suicide risk of depressed patients by creating a contrast between 'improvement,' which is linked to 'treatment,' and 'risk of suicide,' which is attributed to 'something cracking' in the patient. It is interesting that, while improvement is understandable in terms of the treatment offered, the cause of the danger of suicide is left unspecified and is constructed as something sudden and inexplicable. This depiction draws upon and reinforces the image of "mental illness" as something odd and perplexing, and of people suffering from it as at the mercy of their condition.

Moreover, the expression 'all of a sudden something cracks' draws upon a lay understanding of "mental illness" and stands in stark contrast to the previous highly technical account of "mental illness" developed by the reported speaker. This shift from a technical scientific to a lay popular discourse is worth further consideration. Firstly, the two discourses might not be as incompatible as it may seem at first, if we consider professional discourses to be co-extensive, overlapping and mutually related to lay discourses. Parker *et al.* (1995), for example, have argued that professional knowledge and popular representations percolate one another, both in the sense that professional discourses develop from and therefore echo popular notions and in the sense that scientific discourses permeate culture and thus shape the way individuals talk about and understand their experience. On the other hand, it has been found that newspaper articles often represent depression as an over-determined and underdetermined concept (Rowe *et al.*, 2003), as a fixed medical category based upon an impaired biochemical process and as an incomprehensible oddness. Finally, discourse analytic work has repeatedly shown that speakers often draw upon apparently contradictory discourses to achieve certain goals. In this case, psychiatrists' representations of "mental illness" can change as a function of the context in which they speak or the effects they want to achieve (Foster, 2001; Lauber, Anthony, Ajdacic-Gross, and Rossler, 2004). By alternating between technical and lay concepts, the specific psychiatrist assures that her account is presented in a flexible manner and obtains a certain amount of discursive space for maneuvering.

In the following extract, the medicalization of "mental illness" is achieved through a different set of strategies.

Extract 4

"Depression [...] is an illness that poses a great burden on the patient and his environment. Many people who suffer from depression feel and know that

‘something is not all right’, but they are not sure what they can do for themselves,” says to Danas Dr. Jelena Martinović, a psychiatrist at the Clinical Centre Zvezdara.

[...] Dr. Martinović argues that nowadays depression is the most frequent disorder after cardio-vascular disorders. People often do not take signs of depression seriously and they wait until the last moment when the situation has become alarming. “The only right course of action is to immediately seek psychiatric help when a person or someone from their surroundings observes any signs of depression; it is only through communication with a psychiatrist that treatment can be set up; in the majority of patients, this treatment leads to complete recovery and return to normal life after only a couple of weeks,” explains Dr. Martinović. —(*Čolak, J. 2004, July 24: Depression is the most frequent disorder after cardio-vascular disorders. Danas, 16*).

The extract implies that psychological ‘disorders’ are similar to, if not the same as, physical disorders. Positioned in the same category as ‘cardiovascular disorders,’ ‘depression’ becomes reified as an ‘illness’ requiring medical management. The psychiatrist, whose credentials are stated to emphasize her expertise, like in the previous extract, disqualifies any commonsensical non-expert understanding of “mental illness” by stating that ‘people who suffer from depression feel and know that ‘something is not all right’, but they are not sure what they can do for themselves.’ The establishment of depression as a medical disorder and the disqualification of non-expert knowledge, set the scene for the claim that psychiatric help is ‘the only right course of action’ and should be ‘immediately sought.’ As opposed to the complex technical terminology used in Extract 3, this account is presented in simple everyday language and appears to have more of an educational and informative function.

The medicalization of depression and the disqualification of non-expert knowledge functions in a way that highlights the importance of specialized knowledge, locating the management of depression in the realm of the “psy-complex” (Parker, 2002). Patients are presented as not aware of what is happening to them and therefore as in need of treatment, which has to be passively accepted, denying, thus, their agency and rendering them powerless (Hare-Mustin and Marecek, 1997; Hepworth, 1999). Psychiatrists are, on the other hand, constructed as possessing not only knowledge about the patients’ condition but also the necessary skills to ‘successfully return the patient to normal life’ (Guilfoyle, 2000).

The biomedical discourse establishes “mental illness” as a medical condition and psychiatrists as experts in its understanding and management. The position of psychiatric expertise, according to the two extracts, is established through, on the one hand, the possession of knowledge regarding “mental illness,” which is transmitted to the public through psychiatrists explaining “mental illness” to the newspaper readers, and on the other hand, the possession of tools and skills for the effective management of “mental illness.” The first extract exemplifies the possession and transmission of “knowledge” about “mental illness,” which corresponds to Foucault’s (1979, 1980) notion of “ideological power,” while the second extract exemplifies the active coercion of people to enter the psy-system (Rose, 1989) and accept the authority of psychiatry through seeking specialized treatment, which Foucault theorizes in terms of “structural power.” The strategies through which this is achieved in the extracts above are an excessive reliance on scientific language, sometimes percolated with lay concepts, and the de-legitimization of the accounts of people with mental health problems, who are presented as unable to understand and respond to their problems.

Socio-political transition

The discourses of dangerousness and bio-medicalization are cross-culturally encountered in newspaper reports on "mental illness" and have been well established in the literature. The discourse of socio-political transition, on the other hand, seems to be specific to this corpus and closely related to the socio-political context of contemporary Serbia. This discourse was mainly employed in the context of discussing the apparent increase of psychiatric symptomatology in Serbia over the past few years and was drawn upon as "specialists" attempted to formulate explanations for this rise in mental disorders (Nelson *et al.*, 2004). This discourse appears to take two opposing forms, which seem to have equivalent currency, as they are encountered with similar frequency in our corpus. The following two extracts are representative examples of one of the two ways of tackling the issue.

Extract 5.1

Dr. Jovan Marić, head of the Serbian Clinical Centre's Institute of Psychiatry, says that the increase of psychiatric disorders in the last decade is caused by a specific social situation — wars, bombing, economic crisis, increase of criminality, firings... [...] Dr. Marić thinks that, despite everything, we are a mentally healthy and very adaptable nation, able to deal with sorrows and misfortunes. He adds that statistics show that there still are fewer disorders here than in America, Japan, Britain. —(Živanović, N. 2004, December 12: *Serbia on the couch. Blic*, 5).

Extract 5.2

"Serbs are afraid of wars, diseases, and economic problems. This does not make us different from other nations that have been going through transition. The Serbs are essentially an enduring and rather healthy nation. Among the Serbs there are no mass killers as in America and there is much less perversity than in the West, despite so many wars and troubles, sanctions, and today's unclear and uncertain situation," says Dr. Sanda Rašković Ivić, a psychiatrist. [...] "we have to start talking about a healthy society, about the dignity of the individual in it, and we have to go back to traditional values exemplified by the Ten Commandments," says Dr. Sanda Rašković Ivić. —(Stevanović, D. 2004, May 9: *First health and then the state. Politika*, A11).

Both psychiatrists recognize the transitional socio-political period that Serbia is going through as the central cause of the increased incidence of mental disorders. As opposed to the discourses of dangerousness and bio-medicalization, both of which individualize "mental illness," the discourse of socio-political transition highlights the social roots of mental disorders. However, both psychiatrists attempt to normalize the issue by claiming that 'we' are a 'healthy nation.' Mental health becomes collectivized here as a feature of the whole nation and is opposed to a series of countries, which are typically associated with the West. Dr. Marić in the first extract appeals to 'statistics,' which remain otherwise unspecified, to substantiate his claims about the comparative mental health of the Serbian

nation, while Dr. Rašković Ivić in the second extract does not make any effort to substantiate her argument and relies instead on her professional authority and the commonsensical nationalist discourses she draws upon.

A nationalist rhetoric can be traced in both extracts, which construct an image of a healthy nation, despite adversity, as opposed to the West. In these extracts, the depiction of the nation as an organism, which is characteristically encountered in fascist and proto-fascist rhetoric, is coupled with an implicit belief in the enduring superiority of the nation, which, according to Smith (1999) is usually employed to support a notion that, despite the nation's current marginal status in the world, its fate will be reversed and it will rise up to its destiny.

The second extract offers a clear example of the employment of a populist and Christian moralist discourse, whereby a nostalgic return to 'traditional,' pre-communist, Christian values are offered as a solution both to the problems associated with the country's state of transition and to the trend towards modernization. Moreover, the reference to the Serbs, as opposed to, say, "the citizens of Serbia," together with the propagation of a return to Christian values, excludes people who belong to different ethnicities and religious affiliations, of which there are many in Serbia, from the healthy society envisioned.

However, the other half of the analyzed articles employing the discourse of sociopolitical transition, offer a totally opposite representation. This is exemplified in the following extract.

Extract 6

"I am a little bit bothered with this distinction between us who do not have PTSD and them who have it. So there are people with the Vietnam syndrome and we might be threatened by them. Thus 'we' wonder whether 'they' are dangerous, aggressive or carrying guns. However, this distinction between 'us' and 'them' does not exist. We all live in trauma and we have stopped paying attention to it, whereas 'their' manifestations are more obvious. We are used to the abnormal and we do not notice it. This is a story that concerns us all," says Dr. Maja Simonović, a neuropsychiatrist. —(*Miladinović, Z. 2003, October 9: The nightmare of Hamlet-like depression. Danas, 13*).

The psychiatrists quoted earlier collectivized mental health, through portraying an image of a healthy nation, despite increased incidence of mental disorders due to social conditions. Dr. Simonović, quoted in this extract, collectivizes "mental illness" through constructing an image of a nation saturated by abnormality. This formulation has a number of implications. First, if 'we all live in trauma' and 'we are used to the abnormal,' the distinction between us-normal and them-abnormal, which is at the basis of the marginalization of "mental illness," breaks down. As a consequence, the polarization between normality and abnormality loses its ideological importance. Second, this extract appears to deconstruct the image of "mental illness" as a predominantly individual condition which psychiatry is supposed to cure. In this sense, it seems to counteract the discourses of dangerousness and biomedicalization, both of which presuppose that "mental illness" resides within "mentally ill" individuals. Interestingly enough, this does not seem to subvert the power of a psychiatrist to proffer expert views on this collective abnormality, and in this way the medical model is indirectly, but potentially enough, reinserted in the representation of "mental illness."

The discourse of socio-political transition comprises two opposing, but equally widespread, approaches to "mental illness." Both approaches start from the acknowledgement that there is an increased incidence of mental disorders in the Serbian population and agree that the current socio-political situation impacts negatively on people's mental health. One approach, however, claims that, in comparison to the West, the Serbs are a healthy nation, while the other argues that "mental illness" has become so pervasive that the whole nation can be regarded as abnormal. These divergent conceptualizations reflect social conflicts between traditionalism and modernization present in contemporary Serbian society and demonstrate how the media function as a framework in which these opposing standpoints are articulated and debated.

Conclusions

In agreement with other studies of the representations of "mental illness" in the press, we also found that the depictions of "mental illness" are outstandingly negative. Serbian daily newspapers stigmatize people with "mental illness" by presenting them as dangerous and as passive sufferers of medical conditions. The general practice of using psychiatrists as experts proffering statements on mental disorders maintains the dominance of the medical model of "mental illness" and the power of the psychiatric profession, while foreclosing and delegitimizing other professional or lay accounts. Recent claims in different countries for the need of mental health service user involvement in the media for successful anti-stigma campaigns (MIND, 2005; Vaughan and Hansen, 2004) seem not to have reached the Serbian media, which by and large continue the more traditional practices of exclusively relying on professional expertise, despite the debilitating and stigmatizing effects this has had on people with mental health problems (Corrigan, 2004; MIND, 2005).

The discourses of dangerousness and of bio-medicalization are commonly highlighted in the international literature on media depictions of "mental illness." This study indicates that these two discourses seem to be as frequently drawn upon and to serve the same functions in the Serbian context as they do in the countries where relevant research was conducted. We would argue that this can be attributed to similar social, historical, and cultural characteristics between the different countries. The discourse of biomedicalization can also be considered as an effect of the permeation of Western scientific discourses to the rest of the World, thus affecting lay understandings of social and psychological phenomena both at the level of private and at the level of the public space in countries which are not traditionally located in the core of the West. These two discourses construct "mental illness" as an individual condition, the former through contrasting individual acts of violence to the background of societal norms, and the latter by presenting mental health problems as reflections of disordered biochemical processes. The discourse of socio-political transition, on the other hand, does not feature in other studies of media representations of "mental illness," and seems to be unique to our study and closely related to the socio-political context of contemporary Serbia. The discourse of socio-political transition creates a version of "mental illness" as affected by social conditions. Moreover, the two approaches within the socio-political transition discourse elevate the categories of mental health and "mental illness," respectively, from concepts applicable to individuals to concepts characterizing the collectivity of a nation. Consequently, these two versions of a mentally healthy or mentally disturbed nation are employed in ideologically loaded arguments pro and against traditionalism and modernization.

This study was a first attempt to trace the discourses through which “mental illness” is portrayed in Serbian newspapers. Subsequent work could investigate how “mental illness” is depicted in other types of media as well as analyze how the audience understands and responds to these depictions. It is our contention, however, that the most useful route for future research would be the further investigation of the socio-political transition discourse. The socio-political transition discourse provides a clear example of the fluidity of notions like normality and abnormality, whose meaning can change depending on the societal conditions in which they are understood. It also shows clearly how issues like mental health and illness can provide the platform for and be caught up in ideologically driven wider social debates. In contrast to the discourses of dangerousness and bio-medicalization, which are equally ideologically driven, but have become so much part of commonsense in the majority of advanced societies that their constructed nature is concealed, the discourse of socio-political transition is particular to the contemporary Serbian context and as such can serve to illustrate both the ways in which wider social debates can affect notions of mental health and illness and the role the media plays in such a process.

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Appendix: Information Regarding the Newspaper Search

Table 1
Newspapers searched and search keywords

Newspapers searched:	Database search keywords:
Balkan [Balkans]	Abnormality / madness
Blic	Mental health / illness / disorder
Danas [Today]	Post-traumatic stress disorder
Dnevnik [Daily]	Depression / mania / suicide
Ekspres [Express]	Schizophrenia / paranoia
Glas Javnosti [Voice of the People]	Anxiety / phobia
Kurir	Anorexia / bulimia
Nacional	Personality disorder
Politika	Psychopathy
Vecernje Novosti [Evening News]	Sexual dysfunction
	Hysteria
	Psychology / psychiatry
	Psychologist / psychiatrist

Table 2
Frequency of topics

	No	%
Total Newspapers	10	
Total Articles	165	100
2003	95	57.5
2004	70	42.5
Instances Found Per Topic		
Murder, Rape, Dangerousness	36	21.8
PTSD	29	17.6
Depression in the Context of 'National' Mental Health	25	15.1
Depression	19	11.5
Schizophrenia	20	12.1
Murder	19	
Positive Image	1	
Suicide	16	9.7
Human Rights Issues/mental Health Law/Anti-stigma	10	6.0
Anxiety/phobia	3	1.8
Paedophilia	3	1.8
Forced Institutionalisation (incorrect diagnosis)	3	1.8
Anorexia	1	0.6

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